



Helping People One Stride at a Time

Fall 2022 VOLUNTEER SIGN UP FORM

For Office Use Only:

Release:
Medical:
Confidentiality:
Background Check:

New Volunteers please complete our [online orientation](#)

Name:					Date:			
Address:				City:			Zip:	
Phone:			Cell:			Email:		
Place of Employment					Work Phone:			
Emergency Contact:					Phone:			
Health Insurance Company:				Policy #:				
Do you have any physical or cognitive limitations? <input type="checkbox"/>								
If yes please specify:								

Please verify that all information is current/up to date as of the date above: (initial)

Check the areas in which you are interested:

- | | | |
|---|---|----------------------------------|
| <input type="checkbox"/> Side-walker | <input type="checkbox"/> Special Events | <input type="checkbox"/> Office |
| <input type="checkbox"/> Horse Handler (Experience Necessary) | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Grounds |
| <input type="checkbox"/> Feeder (Experience Necessary) | | |

If you, or someone you know can be of particular assistance to us (i.e. web design, plumbing, electrical, PR, etc.) please let us know. It is difficult to list all of our needs:

T-Shirt Size: S M L XL 2XL

Only check the session times you plan to attend on a weekly basis. If you can serve as a back up for additional sessions, please note them by writing back-up in those slots. You may sign up for as many as you would like.

Tuesday P.M.	4:00-6:00	<input type="checkbox"/>	Thursday P.M.	4:00-6:00	<input type="checkbox"/>
Wednesday P.M.	5:00-6:00	<input type="checkbox"/> (Horse Handlers only)	Saturday A.M.	9:00-12:00	<input type="checkbox"/>
Thursday A.M.	9:00-12:00	<input type="checkbox"/>			

NEW VOLUNTEER TRAINING SESSION: August 24, 2022

If you are available for assistance with stable management on weekly basis, please specify days and times available:

Volunteers are a vital part of our program. Three and sometimes four volunteers are needed to allow the students to ride. For this reason, we need to rely upon many volunteers each day of the week. Without the commitment of the volunteers, the program could not exist or expand to a greater number of students. We thank you for your commitment to our program.

If you cannot volunteer this session, would you like to be contacted next time or removed from our list .

New Volunteers, or volunteers who have turned 16 since the last session, are required to submit to a background check before volunteering with Special Equestrians by going to specialequestrians.quickapp.pro, and following the directions provided. There will be a fee of \$9.95 payable directly to Know My Background. Special Equestrians will not receive personal information, but simply a pass or fail.



Volunteer Staff Information and Medical History

Name:		Date:	
Address:		City/ State	Zip:
Date of Birth:	Home Phone:	Cell Phone:	
Email Address:			
Employer/ School:		Work Phone:	
Emergency Contact:		Phone:	
Parent/ Guardian: (If under 19)		Phone:	
Current Drivers License: Y / N	#:	State:	
Health Insurance Company:		Policy #:	
Physician's Name:		Phone:	
Preferred Medical Facility:			
Allergies:		Medications:	
Tetanus Shot (Date):	Tuberculosis Test: (Circle one)	- (Negative) + (Positive)	Date Tested:
(Consult your physician or local health department if you are not up to date with these shots/tests)			
Please describe your current health status, particularly regarding the physical/emotional demands of working in an equine assisted program. (Address fitness, cardiac, respiratory, bone or joint function, recent hospitalizations/surgeries, or lifestyle changes):			
Level of Horse Experience:			
How did you learn about Special Equestrians?			

Volunteers, age 16 and older, are required to submit to a background check before volunteering with Special Equestrians by going to specialequestrians.quickapp.pro, and following the directions provided. There will be a fee of \$9.95 payable directly to Know My Background. Special Equestrians will not receive personal information, but simply a pass or fail

Volunteer Liability Release

I understand that the information provided above is accurate to the best of my knowledge. I know of no reason why I should not participate in this center's program. As a volunteer at Special Equestrians, Inc, I acknowledge the risks and potential for risks of a horseback riding program. However, I feel that the possible benefits to me and the clients I work with are greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against Special Equestrians, Inc., its board of directors, instructors, therapists, volunteers and/ or employees, and Indian Springs School, its board of directors, volunteers and/ or employees for any and all injuries and or losses I may sustain while participating in Special Equestrians, Inc.

Signature: SIGN AND RETURN TO SPECIAL EQUESTRIANS **Date:** _____
(volunteer, parent/guardian if under 19)



Authorization for Emergency Medical Treatment

Consent Plan

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while being on the property of the agency, I authorize Special Equestrians, Inc. to:

1. Secure and retain medical treatment and transportation if needed
2. Release client record upon request to the authorized individual or agency involved in medical emergency treatment.

This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life saving" by the physician. This provision will only be invoked if the person below is unable to be reached.

Consent Signature: _____ **Date:** _____
(volunteer, parent/guardian if under 19)

Print Name: _____

Non-Consent Plan

(Only complete this portion if you did not complete the Consent Plan)

I **DO NOT** give my consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving services or while being on the property of the agency. In the event emergency treatment/aid is required, I wish the following procedures to take place:

Non-Consent Signature: _____ **Date:** _____
(volunteer, parent/guardian if under 19)

Print Name: _____

Background Information

Have you ever been charged or convicted of a crime? YES NO If yes, please explain:

I, _____ *(volunteer/staff)* authorize Special Equestrians, Inc. to receive information from any law enforcement agency, including police departments and sheriff's departments, of this state or any other state or federal government, to the extent permitted by state and federal law, pertaining to any convictions I may have had for violations of state or federal criminal laws, including but not limited to convictions for crimes committed upon children or animals.

I understand that such access is for the purpose of considering my application as an employee/volunteer, and that I expressly **DO NOT** authorize Special Equestrians, Inc., its directors, officers, employees, or other volunteers to disseminate this information in any way to any other individual, group, agency, organization, or corporation.

Signature: _____ **Date:** _____
(volunteer, parent/guardian if under 19)

Photo Release

I **DO** consent to and authorize the use and reproduction by Special Equestrians, Inc. of any and all photographs and any other audio-visual materials taken of me for promotional material, educational activities, Special Equestrians website, Facebook and exhibitions or for any other use for the benefit of the program.

Signature: _____ **Date:** _____
(volunteer, parent/guardian if under 19)

I **DO NOT** consent to and authorize the use and reproduction by Special Equestrians, Inc. of any and all photographs and any other audio-visual materials taken of me for promotional material, educational activities, and exhibitions or for any other use for the benefit of the program.

Signature: _____ **Date:** _____
(volunteer, parent/guardian if under 19)



Special Equestrians, Inc. Confidentiality and Conduct Policy

Description of Personnel

A person, paid or unpaid, who has responsibility related to the day-to-day activities of the center.

Description of Participants

All riders, students, clients and patients-every individual, with or without disabilities, who receives service through the equine assisted activities conducted by the center.

Confidentiality Policy

Special Equestrians Inc. shall preserve the right of confidentiality for all individuals in our program. The staff will keep all medical, social, referral, personal and financial information regarding all persons and their family confidential.

Interpretation: Staff will not discuss medical, personal, or financial information with anyone at the facility or away from it. A participant may not be competent to give consent for disclosure of medical or sensitive information due to age or disability incapacity. Children under 18 do not have legal authority to consent to disclosure. Special Equestrians will not disclose medical or other sensitive information to any agency or persons outside the program without written consent from the participant or his/her parents in the event the participant is a minor.

Inappropriate Conduct of Personnel and Participants

Inappropriate Conduct of personnel & participants should be reported to lead personnel. Such incidences will be investigated and those responsible for such behavior may be dismissed from the program at the discretion of Special Equestrians, Inc.

Failure to Follow Procedure

Anyone failing to follow policies and procedures should be reported to lead personnel. Such failure will be discussed with the involved party and if appropriate, retraining will be attempted. Repeated or deliberate failure to follow policies and procedures will result in dismissal from the program at the discretion of Special Equestrians, Inc.

Mistreatment and/or Abuse of Animals

Anyone found to be mistreating animals in the care of Special Equestrians, Inc. should be reported to lead personnel. If upon further investigation, the action has been found inappropriate, the responsible party will be dismissed from the program at the discretion of Special Equestrians, Inc.

I have read and/or have been verbally taught, and understand the policies and procedures with regard to my position at Special Equestrians, Inc.

Signature: _____ Date: _____
(volunteer, parent/guardian if under 19)

Print Name: _____

Training Session Attended (Date) _____